

***Guidelines for***  
**AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)**

- SUBJECT:** Automated External Defibrillators (AEDs)  
**PURPOSE:** These Guidelines provide for the utilization, maintenance, and placement of AEDs at Ferris State University.
- RELATED DOCUMENTS:** Procurement of Automatic External Defibrillators (AEDs) must be done in accordance with the following Business Policy Letter:

**Business Policy Letter 2005:01 – Automatic External Defibrillators (AEDs).**

**I. INTRODUCTION:**

An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. The AED must only be applied to victims who are unconscious, without a pulse, and not breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. The AED will charge to the appropriate energy level and advise the operator to deliver a shock. Use of the AED and CPR will continue as appropriate during the course of emergency care, until the patient resumes pulse and respiration and/or local Emergency Medical Services (EMS) paramedics arrive at the scene to assume responsibility for emergency care of the patient. AED manufacturer's recommendations regarding age and weight limits should be followed.

**II. POLICY:**

- Any department or administrative unit of this University may, with appropriate approvals, purchase and/or use an AED; however, a standard AED model for purchases has been established by the AED Committee. In order to purchase, use, or maintain an AED, a department must meet the following requirements.
- A. Prior to purchase and/or placement of an AED, the department requesting to purchase an AED (hereinafter called "Owner Department") must submit a *Request to Purchase AED* (see Appendix A) to the Campus AED Committee c/o the Safety Coordinator, PRK 150. This *Request* must address medical oversight, use, training, location, and maintenance of units.
  - B. The Owner Department must ensure compliance with training requirements, as outlined in the *Safety Office Programs: AED Guidelines*.
  - C. The Owner Department must comply with record-keeping and reporting requirements, as outlined in the *Safety Office Programs: AED Guidelines*.

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### III. RESPONSIBILITIES:

- A. The Vice President of Student Affairs, or his/her designee, will have primary responsibility for oversight of Ferris State University's AED program.
- B. Campus AED Committee
  - 1. The Campus AED Committee will be chaired by the Health Center Director and will be composed of the following members: Health Center Physician, Risk Manger, Rankin Center Director, Athletics Trainer, University Recreation Director, and Safety Coordinator.
  - 2. The AED Committee, working in conjunction with the Purchasing Office, will be responsible for selecting a standard AED model for University purchases.
  - 3. The AED Committee will review submittals of the *Request to Purchase AED*, provide assistance with *Request* preparation, and provide written approval to the requesting department or unit. Approval of the *Request* by the designated Health Center physician will also be required in order to satisfy Federal law requirements.
  - 4. The AED Committee will provide assistance to departmental and administrative units during the planning and implementation process, evaluate the effectiveness of the overall AED program, and oversee the AED reporting process.
- B. Owner Department --The University department or unit requesting to purchase an AED (hereinafter called the "Owner Department") must meet the following requirements:
  - 1. Submit a *Request to Purchase AED* to the Campus AED Committee. (Administrative units already using AED's prior to the implementation of this policy shall submit a *Request to Purchase AED* within 60 days after the effective date of this policy). A department budget code for the purchase and/or maintenance of the AED must be included in the *Request*.
  - 2. Post visible signs at appropriate AED locations.
  - 3. Ensure compliance with all components of the Safety Office's AED Program Guidelines.
  - 4. Submit an updated *Request* to the Campus AED Committee when any substantial change is made to the *Request* after initial implementation. Changes that would require an updated *Request* include, but are not limited to the following:
    - a. Removal of an AED from service temporarily or permanently
    - b. Change in placement location
    - c. Replacement of an AED with another unit
  - 5. Report to the Campus AED Committee any use of an AED on a person as specified in *Safety Office Programs: AED Guidelines*.

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**IV. POLICY EXCEPTION:**

The AED policy is not intended to cover educational training situations or medical personnel possessing certification/licensure for delivering emergency care.

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### **I. TRAINING:**

Training in CPR and the use of AEDs can shorten the time to defibrillation and improve the chance for survival from sudden cardiac death in the workplace and campus community. Employees in the Owner Department or building make them a natural choice to be a primary responder with an AED. It is not the intent of Ferris State University to allow use of the AED units without proper training. Upon purchase and placement of an AED unit, training in CPR/AED will be offered to full-time, part-time, and student employees in the appropriate area.

- A. Certified trainers will provide American Red Cross or American Heart Association CPR/AED training.
- B. Refresher training will be offered annually for American Red Cross certification and biannually for American Heart Association certification.
- C. The Owner Department and the Safety Coordinator will have joint responsibility for ensuring that a training plan is in place and that training has actually occurred.

### **II. AED Maintenance:**

AEDs and supplies necessary for the support of AEDs (see V.D.4. below) shall be maintained in a state of readiness.

- A. The University Safety Coordinator and the Owner Department will have joint responsibility for all scheduled and preventive maintenance of the respective AEDs.
- B. Scheduled and preventive maintenance checks shall be carried out by designated staff in the Owner Department. The Safety Coordinator (or his/her designee) will review maintenance documentation monthly.
- C. Scheduled and preventive maintenance checks shall be carried out in accordance with manufacturer's recommendations. Designated staff in the Owner Department will use the following checklist to assess the preparedness of the AED's and supplies on a monthly basis:
  - 1. Verify placement of AED unit
  - 2. Check status/service indicator light
  - 3. Inspect exterior components and sockets for cracks, etc.
  - 4. Check supplies (razor, towel, barrier device, disposable gloves, and pediatric electrode pads, if applicable)
- D. Building AED units shall always be kept in the designated location in the assigned campus building. **The Safety Coordinator must be notified if an AED unit is withdrawn from service for any reason and for any length of time (e.g., for repair).** The location of mobile AED units will be the responsibility of the Owner Department.

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### III. REPORTING PROCEDURES:

For medical recordkeeping purposes, and In order to evaluate the effectiveness of AED usage on campus, the Owner Department must document each use of the AED after the emergency is over.

- A. Each time an AED is used, the Owner Department must complete the AED Incident Report (Appendix B) and send the completed form **AND** the AED unit to Birkam Health Center within 24 hours of use. **IMPORTANT: DO NOT CLEAR the AED's data** before sending the unit to the Health Center.
- B. Birkam Health Center shall immediately forward a copy of the completed form to the patient's medical provider.
- C. Any other patient information generated during AED use will be placed the patient's confidential medical file at the Birkam Health Center, in accordance with Business Policy Letters related to Treatment of Occupational Injuries Illnesses and Treatment of Students Injured in class.
- D. All patient medical information shall be regarded by all parties as confidential and private and no names or other identifying information will be disclosed.

### IV. POST EVENT PROCEDURAL REVIEW:

Following each use of an AED, a review shall be conducted by the Campus AED Committee.

- A. The (Medical Advisor/Health Center Director) shall conduct the Post Event Review. The AED Committee and all key participants in the event shall participate in the review.
- B. The review should contain the following elements:
  - 1. Identification of actions that went well
  - 2. Identification of opportunities for improvement
  - 3. Critical incident stress debriefing, if necessary.
- C. The Safety Coordinator will maintain the Post Event Review files.

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**REQUEST TO PURCHASE  
AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)**

In accordance with Ferris State University’s AED Policy (Business Policy Letter 2005:01), this *Request* form must be used for ALL acquisitions of Automatic External Defibrillators (AEDs) on the Ferris State University and Kendall College of Art & Design campuses.

Questions regarding the acquisition of AEDs should be directed to the Safety Coordinator at 591-2147. The Safety Coordinator can also schedule consultation with the AED Committee, including the designated Health Center Physician.

Department/Administrative  
Unit Requesting the AED  
(Hereinafter called “Owner Department”): \_\_\_\_\_

Budget Code(s) (Required): \_\_\_\_\_

Name of person responsible for Oversight of  
AED plan within Owner Department: \_\_\_\_\_

- Proposed location of the AED(s):
- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_

Description of training/retraining plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location Where Training and Use  
Records Will Be Maintained: \_\_\_\_\_

Communication Plan for Advising  
Building Occupants of the Presence and  
Locations(s) of AED(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***REQUEST TO PURCHASE AEDs, cont.***

**Description of Reporting and Review Procedures:** \_\_\_\_\_

\_\_\_\_\_

**Proposed Schedule for Implementation:** \_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**FOR AED COMMITTEE USE ONLY:**

**SAFETY COORDINATOR APPROVAL:**

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**HEALTH CENTER PHYSICIAN APPROVAL:**

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

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**AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)  
INCIDENT REPORT**

Please complete this *Report* after every incident necessitating AED use.

**NOTE:** This *Report* AND the AED must be submitted to the Birkam Health Center within 24 hours of the incident. **IMPORTANT:** DO NOT CLEAR the AED's data before sending the unit to the Health Center.

Date and Time of Use: \_\_\_\_\_

Location: \_\_\_\_\_

Manufacturer and Model # of AED Used: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Name of AED Operator: \_\_\_\_\_

Other Assisting Responders: \_\_\_\_\_

Brief Description of Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMS Unit Receiving Patient: \_\_\_\_\_

Patient Was Transported To: \_\_\_\_\_

Name of Person Completing Report: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_